MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER **AS FILED** AFTER I"AMENDMENT 1 MAMENDMENT I AMENDMENT 3 -AMENDMENT. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 51 2 52 3 53 4 54 5 55 6 56 7 57 8 58 9 59

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